

RECEIVED MAY 30 2000

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 5/17/00

Dear Municipal Clerk:

ENTERED - 5-30-00 - SB
00L0327 - DOBBS JORDAN

Jordan
05/30/00

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2722.80 property and/or \$ 150.00 bodily injury for which I contend the City is liable.

1. Date of incident: 3/29/00 (month/day/year) 2. Time of Incident: 8:15 PM 3. Police called: X Yes No
4. Location of incident (including street address): 21 14th Street
5. Name of your insurance company: STATE FARM Policy No. P330008 E2511
6. State what and how incident occurred: I was going west on 14th Street in the left lane when all of the sudden I was bouncing up & down in a gaping crater in the street. There was no warning, no indication of the hole. I was thrown up & down in several. As a result I missed a day work the next day. — PICTURES ARE ATTACHED.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Saturn 1995 808EFD SHELD A Lowery
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Shelda Lowery
Signature of Claimant

00-R-1901
(4)

676-8414

(678)522-8688

SHELD A Lowery
(Print Claimant's Name)

4701 Flat Shoals Rd., #16-A
(Address)

Union City, GA 30291
(City, State and Zip Code)

7/969-1055
(Work Number) (Home Number)

SHELD A LOWERY
Claim Dated 5/17/00
770/969-1055

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0327

Date: November 16, 2000

Claimant /Victim SHELDA LOWERY and SYLVESTER LOWRY, JR.
BY: (Atty) (Ins. Co.) _____
Address: 4701 Flat Shoals Road, #16-A, Union City, Georgia 30291
Subrogation: _____ Claim for Property damage \$ 2,722.80 Bodily Injury \$ _____
Date of Notice: 5/30/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/29/00 Place: 21 14th Street, (14th Street & W. Peachtree Street)
Department PUBLIC WORKS Division Sewer
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimants' vehicle sustained damage when it was driven through a construction cut in the roadway that was not properly covered and left in an unsafe condition.

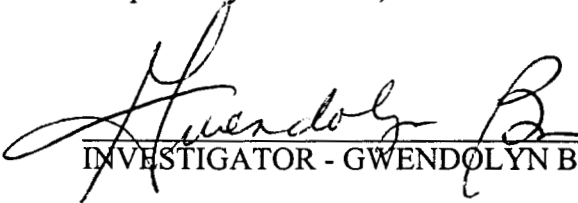
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager:  Concur/date 11-17-00
Committee Action: _____ Council Action _____

FORM 23-61

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